

Ten Most Wanted

March, 2007

- 1 **Systemic lupus erythematosus (Seminar, Feb 17)**
D'Cruz DP, Khamashta MA, Hughes GR. Systemic lupus erythematosus. DOI: 10.1016/S0140-6736(07)60279-7. *Lancet* 2007; **369**: 587-96.
- 2 **SOS-KANTO Study (Articles, March 17)**
SOS-KANTO Study Group. Cardiopulmonary resuscitation by bystanders with chest compression only (SOS-KANTO). DOI:10.1016/S0140-6736(07)60451-6. *Lancet* 2007; **369**: 920-26.
- 3 **Cardiac arrest guidelines (Comment, March 17)**
Ewy GA. Cardiac arrest-guideline changes urgently needed. DOI: 10.1016/S0140-6736(07)60422-X. *Lancet* 2007; **369**: 882-84.
- 4 **Rational scale for drugs (Health Policy, March 24)**
Nutt D, et al. Development of a rational scale to assess the harm of drugs of potential misuse. DOI:10.1016/S0140-6736(07)60464-4. *Lancet* 2007; **369**: 1047-53.
- 5 **Diabetes in Ontario, Canada (Articles, March 3)**
Lipscombe LL, Hux JE. Trends in diabetes prevalence, incidence, and mortality in Ontario, Canada 1995-2005. DOI:10.1016/S0140-6736(07)60361-4. *Lancet* 2007; **369**: 750-56.
- 6 **Coronary stenting (Articles, Feb 24)**
Daemen J, et al. Early and late coronary stent thrombosis of sirolimus-eluting and paclitaxel-eluting stents in routine clinical practice. DOI:10.1016/S0140-6736(07)60314-6. *Lancet* 2007; **369**: 667-78.
- 7 **Health statistics (Series, March 3)**
Boerma JT, Stansfield SK. Health statistics now: are we making the right investments? DOI:10.1016/S0140-6736(07)60364-X. *Lancet* 2007; **369**: 779-86.
- 8 **Huntington's disease (Seminar, Jan 20)**
Walker FO. Huntington's disease. DOI:10.1016/S0140-6736(07)60111-1. *Lancet* 2007; **369**: 218-28.
- 9 **Drug treatments for obesity (New Drug Class, Jan 6)**
Padwal RS, Majumdar SR. Drug treatments for obesity: orlistat, sibutramine, and rimonabant. DOI:10.1016/S0140-6736(07)60033-6. *Lancet* 2007; **369**: 71-77.
- 10 **Juvenile idiopathic arthritis (Seminar, March 3)**
Ravelli A, Martini A. Juvenile idiopathic arthritis. DOI:10.1016/S0140-6736(07)60363-8. *Lancet* 2007; **369**: 767-78.

The ten most wanted *Lancet* articles downloaded from ScienceDirect (see *Lancet* 2003; **361**: 1265. DOI:10.1016/S0140-6736(03)1298) in March, 2007.

Lunch with *The Lancet*

Simon Wessely

I tell an acquaintance I'm having lunch with the man who leads the UK's King's Centre for Military Health Research. He offers sympathy. "Bit of a stuffed shirt, I suppose. Very proper." Actually, no. In outlook and demeanour the entirely unmilitary Simon Wessely is less Sandhurst than S & D—this latter being his shorthand for the Sun and Doves, the local gastropub where we met. And the royal patronage implied in the Centre's title is merely a reference to its home in King's College, London. Wessely, a psychiatrist, works with the military, likes and respects them, but is definitely not of them. "Some people go to the Amazon rain forest to study strange tribes. I go to Sandhurst and Colchester. They have their own rules and customs."

Set up in the mid 1990s, the King's Centre studies the health of service personnel: Gulf War veterans in the first instance. Wessely had already made waves with his research on chronic fatigue (CF). The work played a big part in changing the way that the illness is treated, and his doubts about the popular viral theory of CF made him some enemies. "There's a small number of people who are almost psychotically obsessed with me. But I'm used to that."

Then came the Gulf War and its aftermath. "I started seeing reports of soldiers who were exactly like my CF patients. At the same time it was clear that the MoD [Ministry of Defence] was making a dog's breakfast of dealing with it. Every time a Gulf veteran died, the headline was 'Veteran dies of Gulf War Syndrome'. The MoD hadn't got even the most elementary mortality statistics." Wessely saw a research opportunity, and seized it. More controversy. Is this something he regrets or enjoys? "A bit of both." With hindsight he admits "I could have been more diplomatic. I wasn't thinking about the language I used or its impact. I was just keen to get into print." He understands why patients would prefer to be told they've acquired a virus. Nowadays, he reckons, he can make a better fist of handling controversy.

What Wessely loves most about psychiatry is the multiplicity of factors that contribute to every condition. Nothing, he says enthusiastically, is ever clear cut. Which is perhaps why, if he had to choose an alternative occupation, it would be history. When writing about neurasthenia in Victorian England and charting the management of shell shock in World War I, he's taken pleasure in these opportunities to taste his alternative career. Leaving Wessely outside the S & D I recall his advice on what not to do when working with the military. "You mustn't try and pretend you're one of them", he cautions.



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